



Complete Summary

TITLE

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had hepatitis C viral (HCV) ribonucleic acid (RNA) testing ordered or previously performed.

RATIONALE

Hepatitis C virus (HCV) ribonucleic acid (RNA) testing is needed to establish and confirm diagnosis of chronic hepatitis C. HCV is an RNA virus of the Flaviviridae family. HCV replicates preferentially in hepatocytes but is not directly cytopathic, leading to persistent infection. During chronic infection, HCV RNA reaches high levels, generally ranging from 10^5 to 10^7 international units (IU)/mL, but the

levels can fluctuate widely. However, within the same individual, RNA levels are usually relatively stable. (National Institutes of Health [NIH])

After initial exposure, HCV RNA can be detected in blood within 1 to 3 weeks and is present at the onset of symptoms. Antibodies to HCV are detected by enzyme immunoassay (EIA) in only 50 to 70 percent of patients at the onset of symptoms, increasing to more than 90 percent after 3 months.

The clinical utility of serial HCV viral levels in a patient is predicated on continued use of the same specific quantitative assay that was used in the initial determination of the viral level. While there is little correlation between disease severity or disease progression with the absolute level of HCV RNA, quantitative determination of the HCV level provides important information on the likelihood of response to treatment in patients undergoing antiviral therapy.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

HCV RNA testing should be performed in:

- a. Patients with a positive anti-HCV test
- b. Patients for whom antiviral treatment is being considered, using a quantitative assay
- c. Patients with unexplained liver disease whose anti-HCV test is negative and who are immunocompromised or suspected of having acute HCV infection. (American Association for the Study of Liver Diseases [AASLD])

The diagnosis of chronic hepatitis C infection is often suggested by abnormalities in Alanine transaminase (ALT) levels and is established by EIA followed by confirmatory determination of HCV RNA. (NIH)

PRIMARY CLINICAL COMPONENT

Hepatitis C virus (HCV); ribonucleic acid (RNA) testing

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of hepatitis C seen for initial evaluation (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients for whom hepatitis C virus (HCV) ribonucleic acid (RNA) testing was ordered or previously performed

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis, management, and treatment of hepatitis C.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of hepatitis C seen for initial evaluation

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with a diagnosis of hepatitis C seen for initial evaluation

Exclusions

- Documentation of medical reason(s) for not ordering or performing hepatitis C virus (HCV) ribonucleic acid (RNA) testing
- Documentation of patient reason(s) for not ordering or performing HCV RNA testing

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Patients for whom hepatitis C virus (HCV) ribonucleic acid (RNA) testing was ordered or previously performed

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #1: testing for chronic hepatitis C - confirmation of hepatitis C viremia.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Hepatitis C Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Gastroenterological Association Institute and Physician Consortium for Performance Improvement®

DEVELOPER

American Gastroenterological Association Institute
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Dec

REVISION DATE

2008 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

MEASURE AVAILABILITY

The individual measure, "Measure #1: Testing for Chronic Hepatitis C - Confirmation of Hepatitis C Viremia," is published in "Hepatitis C Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 27, 2009. The information was verified by the measure developer on May 21, 2009.

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